Indiana Health Informatics Corporation

Board Meeting and Planning Retreat

April 10, 2008
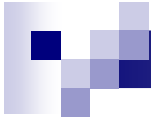
Welcome and Introductions

Indiana Health Informatics Corporation (IHIC) Board

- Mitch Roob (Chair)
  Secretary, Indiana Family and Social
  Services Administration

- Judy Monroe, MD
  State Health Commissioner
  Indiana State Department of Health

- J. Marc Overhage, MD, PhD
  Director of Medical Informatics
  Regenstrief Institute, Inc.
  CEO, Indiana Health Information Exchange

- Honorable Linda L. Chezem JD
  Professor, Purdue University
  Adjunct Professor, IU School of Medicine

- Brian Bauer
  Chief Financial Officer
  Terre Haute Regional Hospital
  Hospital Corporation of America (HCA)

- Charles E. Christian, FCHIME, FHIMSS
  Director IS / CIO
  Good Samaritan Hospital

- Randy L. Howard, MD, FACP
  Regional Vice President & Medical Director
  Indiana Health Care Management
  Anthem Blue Cross and Blue Shield

- Jim Edlund, MD
  Practicing Physician

- Stan Crosley
 Chief Privacy Officer
  Eli Lilly

Meeting Facilitation

- Dr. Jeff Wells, Director of Indiana Medicaid
- Jay McCutcheon (consultant/facilitator)

Today's Agenda

- **Welcome and Introductions**
- **Meeting Goals and Process**
  - ☐ Definitions
  - ☐ Level Setting
- **Past & Present – Background**
  - ☐ Environmental Scan
  - ☐ Medical Informatics Commission Work
- **Future - IHIC's Priorities and Plans**
- **Next Steps**
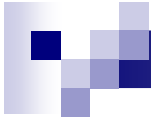
Goals for Today's Meeting

- Facilitate information sharing

- Build knowledge base

- Organize and communicate state-level interests

- Determine IHIC's role and priorities for a two-year time period

Process We'll Follow Today

- **Discuss & Dialogue**
  - Everyone must participate
  - Stay on topic and focus
  - Idea-generating – evaluate and prioritize
- **Exchange Information**
  - What is happening outside of Indiana?
  - Awareness of where we are in Indiana
- **Parking Lot and Record**
  - Maintain focus, log constructive ideas for timely discussion
  - Concentrate on the "what, when, and why"; save the ""who" and "how" for implementation
- **Summarize**
  - What have we learned?
  - What are the opportunities?

Definitions and Distinctions

Definitions and Distinctions

- The *Regional Health Information Organization (RHIO)* is the governance and policy level of the communities' activity (there is a proliferation of RHIO's evolving to Health Information Exchange)

  - For example, healthLINC in Bloomington, Michiana Health Information Network (MHIN) in South Bend, Indiana Health Information Exchange

  - Fort Wayne is not a RHIO since it does not have a governance body

- *Health Information Exchange (HIE)* is the act of sharing data between organizations or refers to the infrastructure to enable such sharing

  - The electronic movement of health-related data and information among organizations according to agreed standards, protocols, and other criteria.

- *Health Information Technology (HIT)* is the intra-organizational use of technology to support a healthcare entity's business and clinical requirements

  - Examples: Electronic Medical Records, Practice Management Systems, E-prescribing

Definitions and Distinctions (cont.)

- **"States"-** commonly refers to state *government* roles and responsibilities (health care policy, regulation and oversight, public health, public insurance programs, i.e. Medicaid, public employees)

- **"State-level health information exchange" -** refers to organized *state-level* efforts ranging in structure and development but with common features related to health information and advancing interoperability (e.g. the Indiana Health Informatics Corporation)

- *Key dimensions:*
  - ☐ Serving statewide public policy goals for improving health care quality and cost-effectiveness
  - ☐ Entity with a statewide scope for advancing HIE
  - ☐ A multi-stakeholder public-private partnership as a governance structure

Health Information Exchange
Purpose

- The purpose of an HIE is to provide an electronic means of sharing clinical patient information between healthcare entities:

  - Physicians and diagnostics

  - Therapeutic support entities

  - Healthcare and health stakeholders

    - Health Plans
    - Employers
    - Public Health
    - Pharmacies
    - Government Agencies (including Medicaid/care)
    - Others (eg. Research, laboratories, ..)

Health Information Exchange
Benefits

- The development of HIEs is projected to have a significant positive impact on:
  - Quality Improvements
    - Ensuring health information is available at point-of-care
  - Patient Safety Improvements
    - Reducing medical errors
  - Cost Reductions
    - Avoiding duplicate medical procedures
- The degree of benefit realization depends upon the breadth and depth of the extent to which clinical information is "transformed" and is available
- The development of a statewide entity is projected to have a significant positive impact on:
  - Improving coordination of care
  - Furthering healthcare research
  - Encouraging patient participation
  - Enhancing business environment
 - Reducing state expenditures

Health Information Exchange
Stages/Levels of Development

- Transactional (Clinical Data)
  - Generation/Collection-Provider and Physician entities
  - Communication- among and between entities
  - Delivery-Mode, format and methods to meet clinicians needs

- Patient Specific Aggregation (Clinical Data)
  - Accumulation- at levels necessary to meet user needs
  - Aggregation-patient specific record linkage and history
  - Authorized Access- By data source and patient

- Data Warehouse – De-identified Clinical data
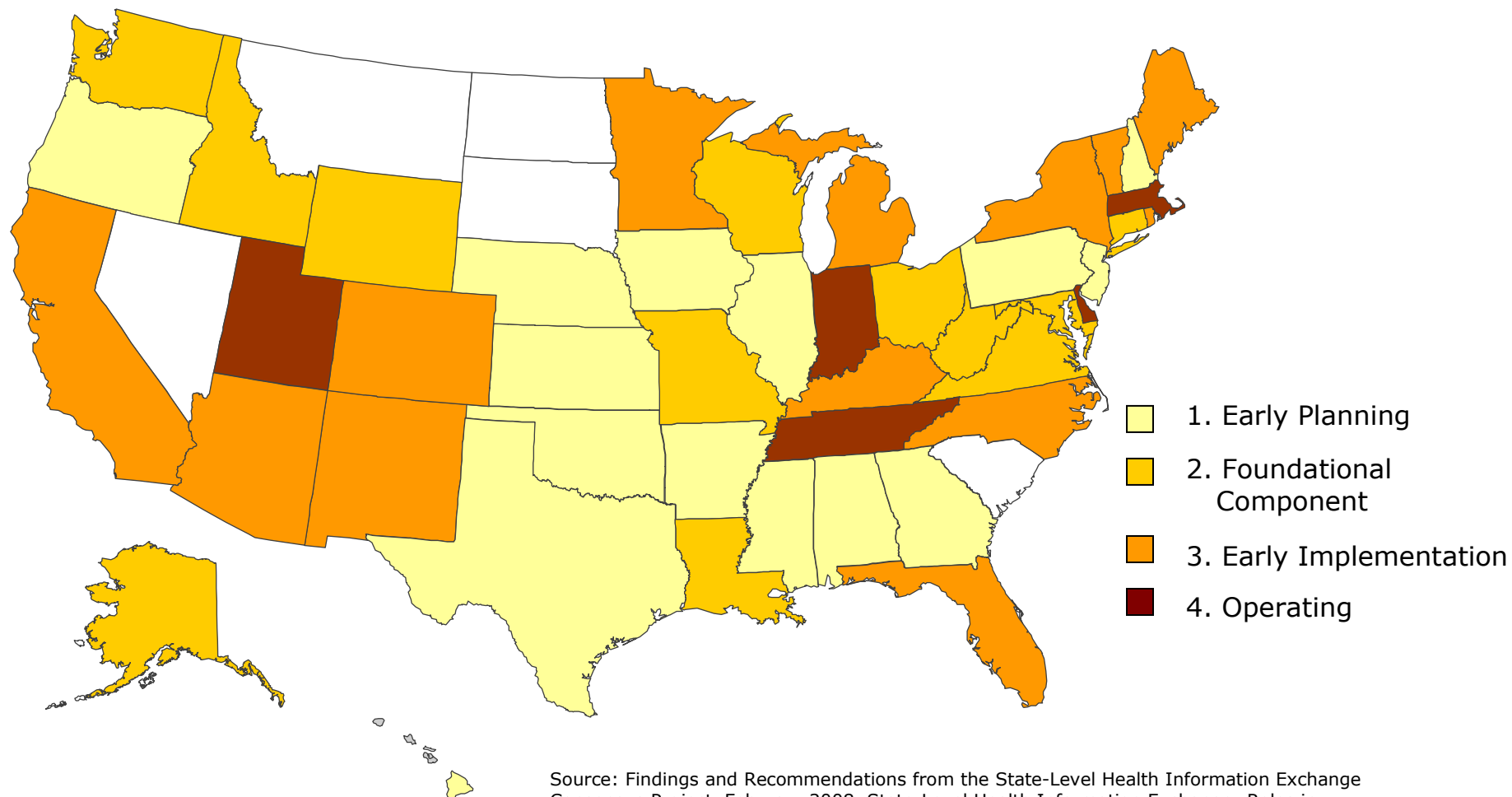 - Research
  - Quality assessment
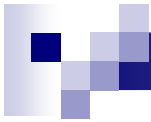
Environmental Scan Discussion
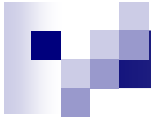
Key Questions for Exploration

- How do we want to **define state-level HIE activity**?

- Does a state-level HIE "approach" **make sense** in Indiana?

- What is the **value** for stakeholders and Indiana citizens for a state level "approach"?

- What is the **role** of IHIC?

State Level HIE – Evolving Landscape

1. Early Planning

2. Foundational Component

3. Early Implementation

4. Operating

April 10, 2008

Our Neighbor's Activity

Trends in SL-HIE Models
Roles – There is Variation

- Two key organizational roles are taking hold *governance* and *technical operations*.

  - The governance role consists of neutral convening and a range of explicit coordination activities that facilitate data sharing and HIE policies and practices among statewide participants.

  - The technical operations role involves providing *state-level* technical services that enable statewide data sharing.

    - Technical operations, including a range of health IT applications, can be owned and operated by the state-level organization or managed through contracts with outside technical providers.

Trends in SL-HIE Models
Roles – There is Variation (cont.)

Majority Convene and Coordinate

- Convene
  - ☐ Provide neutral, capable forum for deliberation & decision making
  - ☐ Collect information and serve as focal point
- Coordinate
  - ☐ Develop and maintain statewide road map / plan – statewide coordination
  - ☐ Coordinate consistent privacy and security and standard approaches
  - ☐ Address legislative / legal issues
  - ☐ Border states and National coordination
  - ☐ Advocate for HIEs needs, clinical data, inter-HIE exchange

Minority Provide Technical Services

- Varying approaches
- Focus on delivering value to stakeholders
- Liabilities and oversight considerations need to be addressed

Value of a State-Level HIE Governance Entity Reported by Other States
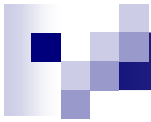
The jury is still out across the U.S. – can the SL-HIE demonstrate value or are they an un-necessary structure slowing progress?
To date, there is no proven sustainability model for a SL-HIE.

- The SL-HIE can provide distinct and valuable functions that serve the public good:
  - Ensuring that HIE develops beyond siloed interests to serve all statewide stakeholders and their data needs;
  - Facilitating collaboration, rather than competition, related to data sharing to achieve the public good derived from mobilizing a full range of clinical and other information; and
  - Serving public policy interests and addressing consumer protection concerns by facilitating widespread and effective practices for maintaining the confidentiality of health information.

- The SL-HIE can promote synergy between state and federal HIE agendas and initiatives
  - State-level HIEs can serve as a laboratory for informing, vetting, and advancing AHIC priorities
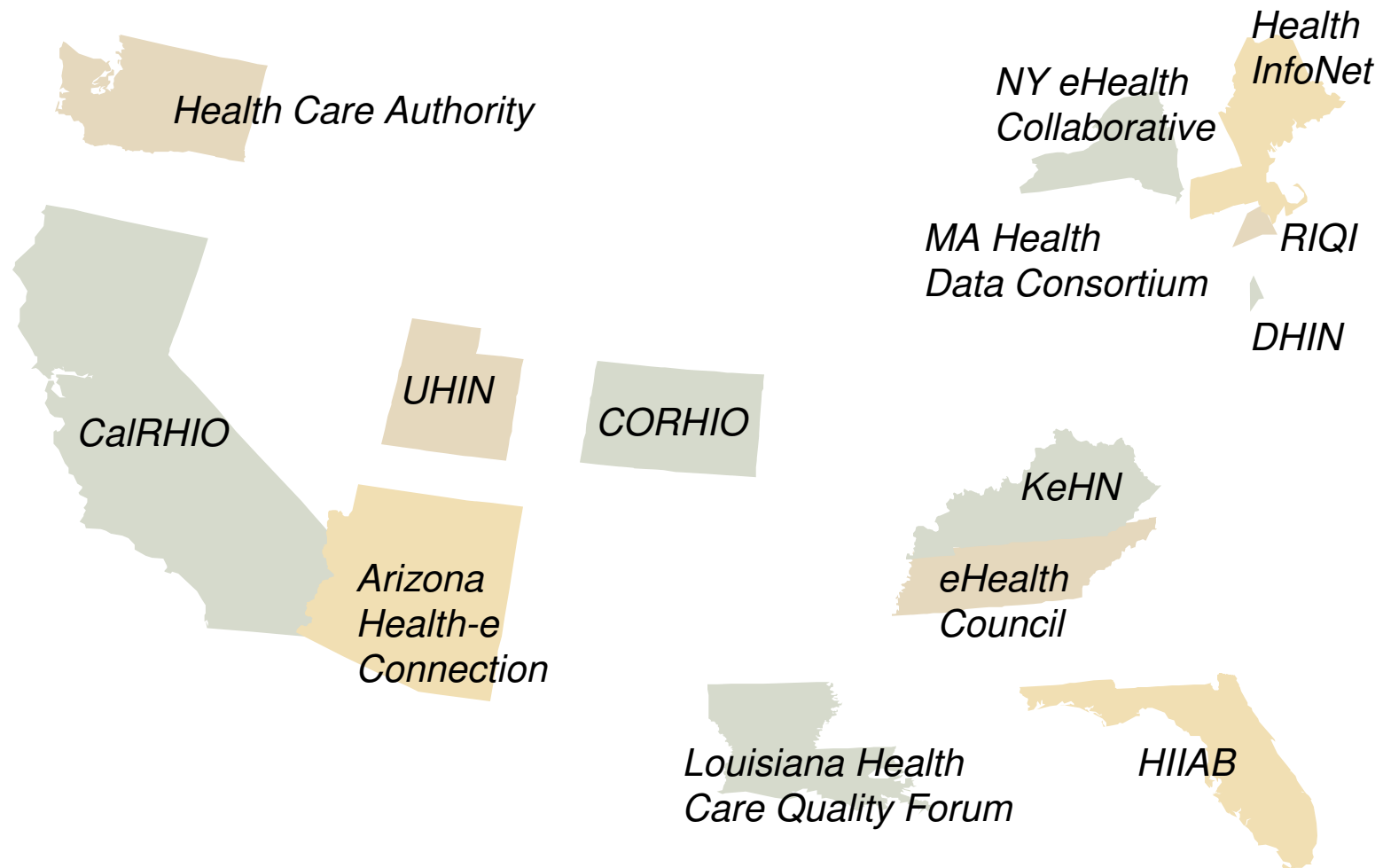 - The SL-HIE can participate in a nationwide network

Critical Success Factors
Reported by Other States

- Committed senior-level leadership in state government and key stakeholders (public and private)

- Wide stakeholder participations

- Availability of significant funds for HIE activities

- History of collaboration among competitive entities

- Having nationally recognized HIE expertise

States Involvement

Health Care Authority

Health InfoNet

NY eHealth Collaborative

MA Health Data Consortium

RIQI

DHIN

CalRHIO

UHIN

CORHIO

KeHN

Arizona Health-e Connection

eHealth Council

Louisiana Health Care Quality Forum

HIIAB

Inside Indiana
Business Assets

- Six Fortune 1000 Healthcare Companies
  - Eli Lilly and Company
  - Hill Rom Holdings
  - Medco
  - Thermo Fisher Scientific
  - WellPoint
  - Zimmer Holdings
- ...And Other Significant Healthcare Industry Employers
  - Baxter Pharmaceutical Solutions
  - Beckman Coulter, Inc.
  - Biomet
  - Boston Scientific
  - Bristol-Myers Nutritionals
  - Cook Group
  - Covance
  - DCL Medical
  - DePuy
  - Roche Diagnostics
  - UCB Group

Inside Indiana
Business Assets (cont.)

- Healthcare and Healthcare Informatics-focused Research Institutes and Universities
  - The Regenstrief Institute
  - The Regenstrief Center for Healthcare Engineering
  - World-class universities including the IU School of Medicine
- Regional and Multi-Regional Health Systems
  - Several regional and multi-regional health systems have been instrumental in the founding and development of Indiana's existing HIEs
- Healthcare-focused Economic Development Organizations
  - Biocrossroads
  - University-affiliated business incubators
- State and County Public Health System and Information Infrastructure
  - ISDH including the Public Health Emergency Surveillance System (PHESS)
 - 95 Local health departments

# RHIOs and HIEs –Emerging and Mature Ones

- **Mature HIE Operating in Indiana**
  - ☐ Indiana Health Information Exchange (www.ihie.com)
  - ☐ Michiana Health Information Network (www.mhin.net)
  - ☐ Medical Web Project (www.med-web.com)
  - ☐ HealthBridge (www.healthbridge.org)
    - ▪ Based in Cincinnati but serves some customers in southeastern Indiana
- **Emerging HIEs**
  - ☐ Bloomington E-Health Collaborative (www.behc.org)
  - ☐ Louisville (www.louhie.org)
  - ☐ Evansville
    - ▪ Based on IHIE-provided services
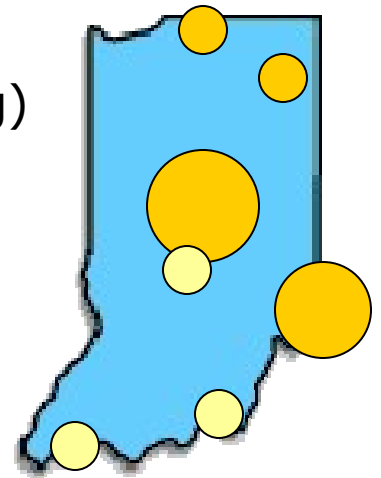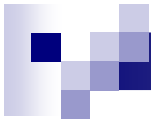
HIE and Economic Development

HIE is a young and emerging business. Service models are just now evolving and being tested across the country. Consideration of HIE as a driver of economic development – beyond keeping its own doors open – is an early concept.

- HIE Business Models

- HIEs as Employers

- HIEs Make the State More Attractive for Investment

- HIEs Attract Federal Funding

- HIEs Aggregate Valuable Healthcare Data

How Does Indiana Stack Up?

- We have HIEs that are exchanging a wide variety of data to significant service areas

- We have both mature and emerging HIEs

- We have National leaders, IHIE and INPC

- We have a sophisticated teaching, research

  and delivery environment in which to grow

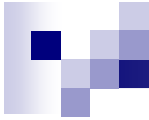- We have the major stakeholders at the table and actively involved

Break

Precursor - The Medical Informatics Commission
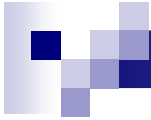
Medical Informatics Commission (MIC)

- Created in 2004 through SB 566
- A 15-member commission …including several IHIC board members
- Existed until 12/31/06
- Published a final report including:
  - Vision
  - Goals
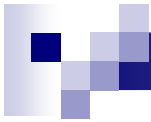 - Guiding Principles
  - Recommendations

MIC Vision

Indiana will develop a statewide healthcare information system in which all relevant clinical information about a patient is electronically accessible at the point of care.

MIC Goals

- Improve patient outcomes and the health of our community through improved access to and use of information:

  - Reduction in medical errors leading to patient harm

  - Improved quality of clinical care provided

- Reduce total healthcare costs through reduction in redundancies, administrative waste, and improved quality

- Increase patient knowledge and accountability
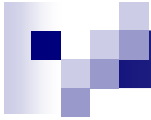
MIC Guiding Principles

- Efforts should be patient-centric.

- Appropriate protections should be in place to ensure patient privacy, confidentiality, and education.

- To realize the most value, information needs to be accessible at the point of care and needs to be integrated into the providers' workflow such that it is useable.

- Recognizing that most health care is local, a community-based approach with regional information exchanges should be encouraged.

- Over time, data should be shared among regional exchanges.

- The likelihood of success is increased by (1) keeping the barriers to entry (participation) very low; and by (2) ensuring there is intrinsic value to those providers participating.

- Focus on realizable goals in a two-year timeframe, keeping in mind the long-term vision.
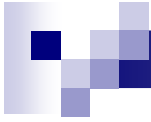
Guiding Principles (cont.)

Patient specific

- Efforts should be patient-centric.

- To realize the most value, information needs to be accessible at the point of care and needs to be integrated into the providers' workflow such that it is useable.

Guiding Principles (cont.)

Privacy / Confidentiality and Education

- Appropriate protections should be in place to ensure patient privacy, confidentiality, and education.

Guiding Principles (cont.)

Regional Focus

- Recognizing that most health care is local, a community-based approach with regional information exchanges should be encouraged.

- Over time, data should be shared among regional exchanges.
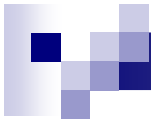
Guiding Principles (cont.)

Success Factors

- The likelihood of success is increased by:
  - □ (1) keeping the barriers to entry (participation) very low; and by
  - □ (2) ensuring there is intrinsic value to those providers participating.
- Focus on realizable goals in a two-year timeframe, keeping in mind the long-term vision.

MIC Recommendations

- The Commission's 10 recommendations fell into 6 categories:
  1. Clinical Information Set
  2. Organizational Structure
  3. Funding for Information Technology Infrastructure
  4. "Pay-for-Value/Quality/Performance" Programs
  5. Privacy & Confidentiality (Four Related Recommendations)
  6. Ownership of Data

Senate Bill 551 Created IHIC

One of the MIC's recommendations including the creation of a public-private corporation to be its successor…

- ARTICLE 31. INDIANA HEALTH INFORMATICS CORPORATION
  - Chapter 1. Purpose
    - Sec. 1. (a) It is the intent of the general assembly to ensure and improve the health of the citizens of Indiana by encouraging and facilitating the development of:
      - a statewide system for the electronic exchange of health care information; and
      - other health informatics functions in Indiana.

What's The Future?

Discussion

Where do we want to focus our attention during the next two years?

- Do you focus on the advancement of the existing HIEs to the next level of benefits to Indiana citizens?

- Do you focus on the development of Community leadership and HIEs for the areas of the State not now covered?

- Do you focus on the development of a plan or roadmap?

- Do you focus on privacy and confidentiality?

Some Potential Focus Areas

- There is great opportunity with the experienced and operational HIEs in Indiana (more so than any other state)
  - Mature HIEs that are exchanging data and are ready to go to the next stage
  - Can work on practical issues because of our level of maturity

- IHIC can help the local HIEs
  - Some HIEs may be missing data – the SL-HIE can be influential and can work with the state or other national organizations (e.g. labs, pharmacies) who controls some of this data, the state has healthcare data
  - What policy changes are needed to help advance HIE in Indiana?

- The state is a "locus" or "sponsor" for us to deal with population-based programs (for example, disease management, PHRs, etc)
  - IHIC can help to promote the areas that are not covered

- We are ready for the effective use of the aggregate data to serve the citizens of Indiana
  - Disease management
  - Population management / surveillance
  - Chronic care coordination

Actions for the Near Term

- Recommended Actions – Remainder of 2008

- Recommended Actions –2009

Next Steps

- Document meeting findings
- Conduct interviews
- Develop and expand priorities stated here today
- Next IHIC meeting in June 2008